CLAIMS ONLY

Application Number	Filing Date
10/648477	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	\		\	\			51						
2		\					52						
3	\	\					53						
4		\					54						
5		\					55						
6		\					56						
7	\						57						
8	\						58						
9		\					59						
10		\					60						
11		\					61						
12		\					62						
13	\						63						
14	\						64						
15	\						65						
16	\						66						
17	\						67						
18	\						68						
19	\						69						
20	\						70						
21	\						71						
22		\					72						
23		\					73						
24							74						
25		\					75						
26		\					76						
27		\					77						
28		\	\	\			78						
29			\				79						
30				\			80						
31				\			81						
32				\			82						
33				\			83						
34				\			84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	13		1				Total Indep						
Total Depend	15		4				Total Depend						
Total Claims	28		5				Total Claims						